

# STATE OF MAINE

## ***BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS & INTERIOR DESIGNERS***

### **APPLICATION FOR LICENSE**



Department of Professional and Financial Regulation

Office of Licensing and Registration  
35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207) 624-8522  
TTY/HEARING IMPAIRED: (207) 624-8563  
Fax Line: (207) 624-8637  
email: [kimberly.j.baker-stetson@maine.gov](mailto:kimberly.j.baker-stetson@maine.gov)  
Office located at: 122 Northern Avenue, Gardiner, Maine 04345

# ARCHITECT LICENSING

Architects can become licensed by one of the following three options:

1. **Architect Registration Examination (ARE)**
2. **Reciprocity with License in Another State**
3. **Reciprocity with Current NCARB Record**

# APPLICATION TO TAKE THE ARCHITECT REGISTRATION EXAM (ARE)

The applicant has not established license in any other jurisdiction. An application file shall consist of:

1. State of Maine Application
2. A Notarized Affidavit
3. Council record from National Council of Architectural Registration boards (NCARB) indicating that the applicant has met the current requirements of the Intern Development Program (IDP) or equivalent as described under board rules section 2, paragraph A.
4. Employment Verification Form
5. Completed Criminal Records Check Form
6. \$115 Non-Refundable Application Fee (Make checks payable to "Treasurer State of Maine"). This figure includes the \$100 application fee plus the \$15 background check fee.

Once the application is complete and Board receives letters back from references, the Board Coordinator schedules the applicant for a personal interview.

**PERSONAL INTERVIEW:** A 15 minute personal interview is required of all ARE applicants to determine if minimum qualifications have been obtained to qualify for examination. At this time the applicant brings a portfolio that includes samples which best portray the depth and scope of their work. To prepare for the interview, applicants should be familiar with the Americans with Disabilities Act (ADA) and with NFPA and BOCA regulations. BOCA regulations are available by calling (708) 799-2300 and NFPA regulations are available by calling 1-800-344-3555.

The Board will approve/deny applications to sit for the ARE. If approved the Board Coordinator will forward testing information to the testing company and notify applicant of approval. All other testing information will come from the testing company. If the application is denied the Board Coordinator will notify the applicant of deficiencies determined by the Board.

Exams are currently offered through Sylvan Education Centers on a daily basis. Once applicant receives testing information from Sylvan, exams may be scheduled with Sylvan on a first come, first served basis.

Current rules state that the applicant must successfully complete the ARE within any three (3) year examination period or be subject to reapplication.

After Board Approval:

1. Applicant Scheduled for Examination with Testing Center
2. Applicant Begins Testing for all Sections of Examination
3. Board Coordinator Tracks Scores & Maintains Chart of Completed Sections
4. When All Sections are Completed Board Formally Accepts Score Report
5. Offer License to Applicants Who Successfully Complete ARE
6. Issue license number through Licensing System to Candidate
7. Candidate Required to Provide Seal with Assigned Number and \$60.00 License Fee
8. Board Coordinator Receives License Fee with Evidence of Seal
9. Board Coordinator Officially Activates License through Licensing System
10. Renew License on June 30th Annually (\$60.00 renewal fee)

## **APPLICATION FOR ARCHITECT LICENSE VIA RECIPROCITY WITH ANOTHER STATE**

Applicant is a current licensee of another state. An application file shall consist of :

1. Complete all pages of the State of Maine Application
2. Complete the Affidavit form and have it notarized
3. Complete the Criminal Records Check Form.
4. Enclose a \$115 (Make this check payable to "Treasurer State of Maine") This figure includes a \$100 Non-Refundable Application Fee plus a \$15 background check fee
5. Include original School Transcripts
6. Complete Employment Verification Form(s)  
(Should verify a minimum of 3 years of diverse experience under a licensed architect)
7. References  
(You should contact your references listed on the application)
8. Include an original evidence of Licensure  
(Preferably from your original license state and includes exam scores.  
This should also indicate that the license is current.)
9. Once all application materials have been received the applicant is scheduled for a \*personal interview.

If Approval Granted/Denied by the Board:

☒ If Denied:

✓Applicant will be Notified in Writing of deficiencies and has 30 days to Appeal

☒ If Approved:

- ✓ License Number is issued through Licensing system
- ✓Applicant Sent Approval Letter with \$60.00 License Fee and Seal Requirements
- ✓Board Coordinator Receives License Fee with Evidence of Seal
- ✓Board Coordinator Officially Activates License
- ✓Renew License on June 30th Annually (\$60.00 renewal fee)  
(Renewal notices usually go out in the beginning of April)

**\*PERSONAL INTERVIEW:** A 15 minute personal interview is required of all reciprocity applicants to determine if minimum qualifications have been met. At this time the applicant brings a portfolio that includes samples which best portray the depth and scope of their work. To prepare for the interview, applicants should be familiar with the Americans with Disabilities Act (ADA) and with NFPA and BOCA regulations

## **APPLICATION FOR ARCHITECT LICENSE VIA RECIPROCITY WITH NCARB RECORD**

Applicant is a current licensee of another state. The applicant files application through the National Council of Architectural Registration Boards (NCARB). By utilizing NCARB the applicant is **not** required to appear before the Board for a personal interview.

### **STEPS TO APPLY VIA NCARB:**

- 1) Call NCARB for a transmittal form (make sure your file is current with them)
- 2) Complete the State of Maine Application  
(Only Pages 1 and 4 required for NCARB applicants)
- 3) Complete the Criminal Records Check Form
- 4) Complete the Affidavit form and have it notarized.
- 5) Enclose a \$115 check payable to "Treasurer State of Maine". This includes a \$100 Non-Refundable Application Fee plus a \$15 background check fee.
- 6) Make out another check payable to NCARB for their processing fee
- 7) Send all of these materials back to NCARB and they will send a complete package to Maine which will include your NCARB Certificate

Upon receipt of all of the items listed above, the Maine Board will:

- 1) Issue a License Number through Licensing System
- 2) Send the Applicant an Approval Letter which:
  - a) Specifies the Seal Requirements and
  - b) Requests annual \$60.00 License Fee
- 3) When the Board Receives License Fee with Evidence of Seal:
  - a) License Number is activated
  - b) License is printed and mailed (it can take up to 2 weeks to receive a license)
- 4) Licenses are renewed on June 30th Annually -\$60.00 renewal fee  
(Renewal notices usually go out in the beginning of April)

**For Office use Only:**

**Overnight Mail:**

122 Northern Ave., Gardiner, ME 04345  
**TEL**(207) 624-8522 **FAX**(207) 624-8637  
**TTY**(207) 624-8563

Amount:

**Check #:**

**Cash #:** \_\_\_\_\_

**Make checks payable to: "TREASURER STATE OF MAINE" ALL FEES ARE NON-REFUNDABLE**

✓ LICENSE TYPE:    ☐ ARCHITECT            ☐ LANDSCAPE ARCHITECT            ☐ INTERIOR DESIGNER

✓	TYPE OF APPLICATION	FEE
	EXAM (LARE)(ARE) 1447	\$100
	RECIPROCITY 1446	\$100
	NCARB * 1446	\$100
	CLARB ** 1446	\$100
	NCIDQ*** 1446	\$100
	LICENSE/RENEWAL FEE 1421 1422 1424	\$60/ \$60/\$60

**INSTRUCTIONS:** \*National Council of Architectural Registration Boards (NCARB), \*\*National Council of Interior Design Qualification (NCIDQ), and \*\*\*Council of Landscape Architectural Registration Boards (CLARB) applicants need only to complete pages 1 and 4 and have the organization forward your record to this office. All reciprocal applicants must complete all pages and have your transcripts forwarded to the office. Architect examinees with Intern Development Program (IDP) records must have NCARB forward their completed IDP record to this office.

**NOTICE:** This application is a public record for purposes of the Maine Freedom of Access Law, 1 MRSA §401, et.seq. Public records must be made available to any person upon request. Your application for licensure is a public record and information that you supply as part of the application (other than your social security number) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Your name, license number and the mailing address listed on your application will be available to the public and may be posted on our website.

NAME: \_\_\_\_\_ LAST

FIRST MI

DATE OF BIRTH:     /     /     LEGAL RESIDENCE:     CITY     STATE

MAILING ADDRESS: BUSINESS NAME

ST or P.O. BOX	CITY	STATE	ZIP
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**PHONE: ( ) (W)      PHONE: ( ) (H)**

**SOCIAL SECURITY #:**

The following statement is made pursuant to the Privacy Act of 1974§7(B). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for Tax Administration purposed pursuant to 36 M.R.S.A §175 as authorized by the Tax Reform Act of 1975 (42U.S.C.§405(C)(2)(C)(1). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. §191.

1. If applying by reciprocity, with which state are you applying?  
(Enclose Certificate of Good Standing)
2. Do you hold a license in any other state? ☐ YES ☐ NO
3. Have you ever had a license refused or revoked in any State? ☐ YES ☐ NO
4. If yes, Name of State: \_\_\_\_\_ Explain: \_\_\_\_\_
5. Have you ever been convicted of any crime by any court? ☐ YES ☐ NO  
If yes, please list date(s), crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

## PAGE 2 - Practical Experience

Name in Full:

Full Name & Complete Address Of Current Employer	Dates of Employment Give Month & Year	Total Time Employed		General Practice	Teaching & Research	Public Service	Other - Explain*
		Part* Time	Full Time				
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						

\*If part-time work is noted, state average number of hours per week. \*\* If "other" kinds of work are noted, describe.

PAGE 3 - Education

Name in Full:

Colleges, Universities, Technical Schools	Dates of Attendance (From – To)	Degrees

\*\* Reciprocal and exam applicants please attach an official copy of your transcript\*\*

REFERENCES	
1	Name three professionals who are personally acquainted with your abilities, experience and performance. Please make sure addresses are complete and current.
2	
3	



PAGE 4 - Signatures

Name in Full:

Affidavit & Notarization	
The undersigned, being duly sworn, upon his/her oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect.	
	Signature of Applicant
State of:	
County of:	

<p>I, _____,</p> <p>a Notary Public in and for said County , in the State aforesaid,</p> <p>DO HEREBY CERTIFY that</p> <p>_____</p> <p>Personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth.</p> <p>_____</p> <p>GIVEN UNDER MY HAND AND NOTARIAL</p> <p>THIS                      DAY OF                      /                      /</p> <p>NOTARY PUBLIC</p> <p>MY COMMISSION EXPIRES:</p> <p>_____</p> <p>NOTARIAL SEAL</p>	<p>AFFIX PHOTO HERE</p> <p>(BUST ONLY)</p>
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STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
BOARD OF ARCHITECTS, LANDSCAPE  
ARCHITECTS AND INTERIOR DESIGNERS  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

JOHN ELIAS BALDACCI  
GOVERNOR

ANNE L. HEAD  
DIRECTOR

## **AFFIDAVIT**

The undersigned, being duly sworn, deposes and says that:

1. That he/she has neither performed nor contracted to perform architectural services in the State of Maine.
2. That he/she is not the Architect of Record for any contract entered into by his/her firm in the State of Maine.
3. That he/she will neither perform nor contract for any architectural services until such time as this application is approved and an architect's license has been granted by the Board.

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Applicant's Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

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Notary Public's Signature

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Date Commission Expires:

\*\*\*\*YOUR APPLICATION WILL NOT BE ACCEPTED UNLESS THIS AFFIDAVIT IS PROPERLY EXECUTED\*\*\*\*

VOICE: (207)624-8522

PRINTED ON RECYCLED PAPER  
(207) 624-8563 (HEARING IMPAIRED)

FAX: (207)624-8637

[www.maineprofessionalreg.org](http://www.maineprofessionalreg.org)

OFFICES LOCATED AT:  
122 NORTHERN AVENUE, GARDINER, MAINE 04345

[kimberly.j.baker-stetson@maine.gov](mailto:kimberly.j.baker-stetson@maine.gov)

## **VERIFICATION OF EMPLOYMENT FORM**

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

IS/WAS EMPLOYED BY \_\_\_\_\_

DATES FOR EMPLOYMENT:

FROM \_\_\_\_\_ TO \_\_\_\_\_ FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

POSITION \_\_\_\_\_

AREA OF EXPERIENCE:

DESIGN \_\_\_\_\_  
WORKING DRAWINGS \_\_\_\_\_  
SPECIFICATIONS \_\_\_\_\_  
OTHER \_\_\_\_\_

PROFESSIONAL ADMIN \_\_\_\_\_  
BUILDING-ENGINEERING \_\_\_\_\_  
TEACHING OR RESEARCH \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*

### **TO BE FILLED OUT BY EMPLOYER**

DATES OF EMPLOYMENT ARE CORRECT \_\_\_\_\_ AREA OF EXPERIENCE IS CORRECT \_\_\_\_\_

PLEASE INDICATE YOUR OPINION OF THE APPLICANT'S POTENTIAL TO PRACTICE ARCHITECTURE/LANDSCAPE ARCHITECTURE BY PLACING AN "X" IN THE APPROPRIATE SPACE BELOW:

PRACTICAL EXPERIENCE:

EXCELLENT \_\_\_\_\_ SATISFACTORY \_\_\_\_\_ UNSATISFACTORY \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PROFESSIONAL COMPETENCE:

EXCELLENT \_\_\_\_\_ SATISFACTORY \_\_\_\_\_ UNSATISFACTORY \_\_\_\_\_

COMMENTS: \_\_\_\_\_

FIRM NAME \_\_\_\_\_ POSITION IN FIRM \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME PRINTED \_\_\_\_\_

**PLEASE MAIL THE COMPLETED FORM TO: MAINE BOARD FOR LICENSURE OF ARCHITECTS  
LANDSCAPE ARCHITECTS & INTERIOR DESIGNERS, 35 STATE HOUSE STATION, AUGUSTA,  
ME 04333**



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS  
AND INTERIOR DESIGNERS  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

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ANNE L. HEAD  
DIRECTOR

**FEE: \$15**

(You may pay with **one** check that includes both the license fee **and**  
the criminal records check fee.)

## CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

Complete the box below and return this form with your license application and fee.

### PRINT IN INK ONLY

Name: \_\_\_\_\_  
Last First Middle

Complete Mailing Address: Street/P O Box \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Social Security/Federal I.D. #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

All other names used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF LICENSING & REGISTRATION  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
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## ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

( ) \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ACCOMMODATIONS REQUESTED FOR THE \_\_\_\_\_ EXAMINATION.  
(CHECK ALL THAT APPLY):

- ☐ ACCESSIBLE TESTING SITE
- ☐ SEPARATE TESTING AREA
- ☐ BRAILLE
- ☐ LARGE PRINT
- ☐ TAPE
- ☐ READER AS ACCOMMODATION FOR VISUAL IMPAIRMENT
- ☐ SCRIBE/AMANUENSIS AS ACCOMMODATION FOR VISUAL OR MOTOR IMPAIRMENT
- ☐ READER AS ACCOMMODATION FOR LEARNING DISABILITY
- ☐ SCRIBE/ANANUESIS AS ACCOMMODATION FOR LEARNING DISABILITY
- ☐ SIGN LANGUAGE INTERPRETER
- ☐ EXTENDED TIME
- ☐ TIME-AND-A-HALF
- ☐ DOUBLE TIME
- ☐ MORE THAN DOUBLE TIME (SPECIFY): \_\_\_\_\_
- ☐ USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT (SPECIFY): \_\_\_\_\_
- ☐ OTHER \_\_\_\_\_

COMMENTS: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SOME ACCOMMODATION REQUESTS MAY REQUIRE ADDITIONAL DOCUMENTATION  
(see reverse)



OFFICE PHONE: (207)624-8522

PRINTED ON RECYCLED PAPER

FAX: (207)624-8637

(207)624-8653 (HEARING IMPAIRED)  
OFFICES LOCATED AT: 122 NORTHERN AVENUE,  
GARDINER, MAINE

## DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known \_\_\_\_\_ since \_\_\_\_\_ in my capacity as a  
(test applicant) (date)  
\_\_\_\_\_  
(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all that apply)

- ☐ TAPED TEST
- ☐ LARGE PRINT TEST
- ☐ READER
- ☐ SCRIBE/AMANUENSIS
- ☐ EXTENDED TIME:
- ☐ TIME-AND-A-HALF
- ☐ DOUBLE TIME
- ☐ MORE THAN DOUBLE TIME (PLEASE JUSTIFY)
- ☐ SEPARATE TESTING AREA
- ☐ USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT (PLEASE SPECIFY):

\_\_\_\_\_  
OTHER (PLEASE SPECIFY): \_\_\_\_\_  
\_\_\_\_\_

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ LICENSE # (if applicable): \_\_\_\_\_



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DEPARTMENT OF PROFESSIONAL  
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JOHN ELIAS BALDACCI  
GOVERNOR

ANNE L. HEAD  
DIRECTOR



### AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application.

Payment through credit cards will not be processed without this authorization form.

<b>Name of applicant:</b> (fees being paid for)		
<b>Mailing Address of applicant:</b> (fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Telephone #:</b> (____) _____ - _____	
<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ Visa      ☐ MasterCard \_\_\_\_\_  
Card number

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ in the amount of: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(207)624-8522



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[www.MaineProfessionalReg.org](http://www.MaineProfessionalReg.org)

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MAINE

[kimberly.j.baker-stetson@Maine.gov](mailto:kimberly.j.baker-stetson@Maine.gov)